

## **HUB SUBCONTRACTING PLAN (HSP)**

## **QUICK CHECKLIST**

While this HSP Quick Checklist is being provided to merely assist you in readily identifying the sections of the HSP form that you will need to complete, it is very important that you adhere to the instructions in the HSP form and instructions provided by the contracting agency.

VENDOR WILL NEED TO COMPLY WITH ONE OF THE FOLLOWING METHODS BELOW (A-D):

Δ	SUBCONTRACTING	ONLY WITH TEXAS	CERTIFIED HUB VENDORS	

Λ.	SOBCONTRACTING ONET WITH TEXAS CERTIFIED HOD VENDORS
	If you will be awarding all of the subcontracting work you have to offer under the contract to only Texas certified HUB vendors, complete:
	☐ Section 1 – Respondent and Requisition Information (page 2)
	☐ Section 2 a. – Yes, I will be subcontracting portions of the contract (page 3)
	Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUI vendors (page 3)
	☐ Section 2 c. – Yes (page 3)
	☐ Section 4 – Affirmation- Sign and date (page 4)
	☐ GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.
B.	SUBCONTRACTING ONLY WITH TEXAS CERTIFIED HUB AND NON-HUB VENDORS- MEETS OR EXCEEDS THE HUB GOAL  If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract in place for five (5) years or less meets or exceeds the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete: SEE SPECIAL INSTRUCTIONS
	☐ Section 1 – Respondent and Requisition Information (page 2)
	☐ Section 2 a. – Yes, I will be subcontracting portions of the contract (page 3)
	<ul> <li>Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUI vendors and Non-HUB vendors (page 3)</li> <li>Section 2 c. – No (page 3)</li> </ul>
	☐ Section 2 d. – Yes- Texas Certified HUBs (page 3)
	Section 4 – Affirmation- Sign and date (page 4)  GET Method A (Attachment A) Complete on Attachment A for each of the subcentracting expertunities you listed in Section 2 h
	GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.
C.	SUBCONTRACTING ONLY WITH TEXAS CERTIFIED HUB AND NON-HUB VENDORS- DOES NOT MEET OR EXCEED THE HUB GOAL  If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors or only to Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract* in place for five (5) years or less does not meet or exceed the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete: SEE SPECIAL INSTRUCTIONS
	☐ Section 1 – Respondent and Requisition Information (page 2)
	☐ Section 2 a. – Yes, I will be subcontracting portions of the contract (page 3)
	□ Section 2 b. – List all the portions of work you will subcontract, and indicated the percentage of the contract you expect to award to Texas certified HUI vendors and Non-HUB vendors (page 3)
	☐ Section 2 c. – No (page 3)
	☐ Section 2 d. – No (page 3)
	□ Section 4 – Affirmation Sign and date (page 4)
	☐ GFE Method B (Attachment B) – Complete an Attachment B for each of the subcontracting opportunities you listed in Section 2 b. (page 6 and 7)  ○ Must submit supporting documentation under Section B-3 & "HUB Subcontracting Opportunity Notification Form" (page 8)
D.	WILL NOT BE SUBCONTRACTING
	If you will not be subcontracting any portion of the contract and will be fulfilling the entire contract with your own resources, complete:
	☐ Section 1 – Respondent and Requisition Information (page 2)
	☐ Section 2 a. – No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources (page 3)
	☐ Section 3 – Self Performing Justification (page 4)
	☐ Section 4 – Affirmation - Sign and date (page 4)

In accordance with Texas Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, all respondents, including State of Texas certified Historically Underutilized Businesses (HUBs) must complete and submit this State of Texas HUB Subcontracting Plan (HSP) with their response to the bid requisition (solicitation).

### NOTE: Responses that do not include a completed HSP shall be rejected pursuant to Texas Gov't Code §2161.252(b).

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the 2009 State of Texas Disparity Study. The statewide HUB goals defined in 34 Texas Administrative Code (TAC) §20.13 are:

- 11.2 percent for heavy construction other than building contracts,
- 21.1 percent for all building construction, including general contractors and operative builders contracts,
- 32.7 percent for all special trade construction contracts,
- 23.6 percent for professional services contracts,
- 24.6 percent for all other services contracts, and
- 21 percent for commodities contracts.

## - - Agency Special Instructions/Additional Requirements - -

In accordance with 34 TAC §20.14(d)(1)(D)(iii), a respondent (prime contractor) may demonstrate good faith effort to utilize Texas certified HUBs for its subcontracting opportunities if the total value of the respondent's subcontracts with Texas certified HUBs meets or exceeds the statewide HUB goal or the agency

specific HUB goal, whichever is higher. When a respondent uses this method to demonstrate good faith effort, the respondent must identify the HUBs with which it will subcontract. If using existing contracts with Texas certified HUBs to satisfy this requirement, only contracts that have been in place for five years or less shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study. the HSP, contact Coordinator, assistance in completing the HUB Bernadette Davis bernadette.davis@dir.texas.gov. DIR's HUB Goal for this bidding opportunity is 24.6

SEC	IION 1 RESPO	NDENT AND REC	QUISITION INFORMATION				
a.	Respondent (Cor	mpany) Name:	Grant Thornton LLP		State of T	exas VID #:	1366055558501
	Point of Contact:	Karin Whitwo	od		Phone #:	703-837-44	168
	E-mail Address:	Karin.whitwo	od@us.gt.com		Fax #:	703-837-44	155
b.	Is your company	a State of Texas	certified HUB?	⊠ - No			
c.	Requisition #:	DIR-SDD-TMP-19	97		Bid Open	Date: 8/27/	/2012

Enter your company's name here:	Grant Thornton LLP	Requisition #:	DIR-SDD-TMP197

#### SECTION 2 SUBCONTRACTING INTENTIONS

After dividing the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, and taking into consideration the scope of work to be performed under the proposed contract, including all potential subcontracting opportunities, the respondent must determine what portions of work, including goods and services, will be subcontracted. Note: In accordance with 34 TAC §20.11., an "Subcontractor" means a person who contracts with a prime contractor to work, to supply commodities, or to contribute toward completing work for a governmental entity.

- a. Check the appropriate box (Yes or No) that identifies your subcontracting intentions:

  - No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources. (If No, continue to SECTION 3 and SECTION 4.)
- b. List all the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

		HU	Bs	Non-HUBs
Item #	Subcontracting Opportunity Description	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for five (5) years or less.	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for more than five (5) years.	Percentage of the contract expected to be subcontracted to non-HUBs .
1	Business Intelligence & Data Warehouse	25% 0%		0%
2	Enterprise Resource Planning	25%	0%	0%
3	Project Management	25% 0%		0%
4	Tech Upgrade/Migration & Transformation	25%	0%	0%
5	IT Assessments & Planning	25%	0%	0%
6	Service Oriented Architecture	25%	0%	0%
7	Independent Verification & Validation	25%	0%	0%
8		%	%	%
9		%	%	%
10		%	%	%
11		%	%	%
12		%	%	%
13		%	%	%
14		%	%	%
15		%	%	%
	Aggregate percentages of the contract expected to be subcontracted:	25%	0%	0%

(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at http://window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/)

- c. Check the appropriate box (Yes or No) that indicates whether you will be using only Texas certified HUBs to perform all of the subcontracting opportunities you listed in SECTION 2, Item b.
  - Yes (If Yes, continue to SECTION 4 and complete an "HSP Good Faith Effort Method A (Attachment A)" for each of the subcontracting opportunities you listed.)
  - □ No (If No, continue to Item d, of this SECTION.)
- d. Check the appropriate box (Yes or No) that indicates whether the aggregate expected percentage of the contract you will subcontract with Texas certified HUBs with which you have a continuous contract\* in place with for five (5) years or less meets or exceeds the HUB goal the contracting agency identified on page 1 in the "Agency Special Instructions/Additional Requirements".
  - 🗵 Yes (If Yes, continue to SECTION 4 and complete an "HSP Good Faith Effort Method A (Attachment A)" for each of the subcontracting opportunities you listed.)
  - No (If No, continue to SECTION 4 and complete an "HSP Good Faith Effort Method B (Attachment B)" for each of the subcontracting opportunities you listed.)

Enter your	company's name here:	Grant Thornton LLP		Requisition #:	DIR-SDD-TMP-197
SECTION	3 SELF PERFORMING JUST	STIFICATION (If you responded "No" to S	SECTION 2, Item a, you must con	nplete this SECTION	and continue to SECTION 4.)
	opropriate box (Yes or No) that its own resources.	at indicates whether your response/propo	osal contains an explanation den	nonstrating how you	r company will fulfill the entire
☐ - Yes		ed below <b>list the specific page(s)/sect</b> ent, supplies, materials and/or employee		xplains how your co	mpany will perform the entire
□ - No	(If <b>No</b> , in the space provide employees.)	d below <b>explain how</b> your company w	ill perform the entire contract wi	th its own equipme	nt, supplies, materials and/or
SECTION 4	4 AFFIRMATION				
		rm that I am an authorized representativ			

documentation submitted with the HSP is true and correct. Respondent understands and agrees that, if awarded any portion of the requisition:

- The respondent will provide notice as soon as practical to all the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor for the awarded contract. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity they (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.
- The respondent must submit monthly compliance reports (Prime Contractor Progress Assessment Report PAR) to the contracting agency, verifying its compliance with the HSP, including the use of and expenditures made to its subcontractors (HUBs and Non-HUBs). (The PAR is available at http://www.window.state.tx.us/procurement/prog/hub/hub-forms/progressassessmentrpt.xls).
- . The respondent must seek approval from the contracting agency prior to making any modifications to its HSP, including the hiring of additional or different subcontractors and the termination of a subcontractor the respondent identified in its HSP. If the HSP is modified without the contracting agency's prior approval, respondent may be subject to any and all enforcement remedies available under the contract or otherwise available by law, up to and including debarment from all state contracting.
- The respondent must, upon request, allow the contracting agency to perform on-site reviews of the company's headquarters and/or work-site where services are being performed and must provide documentation regarding staffing and other resources.

Signature on file	Tamara Anger	Principal	09/26/2012
Signature	Printed Name	Title	Date

#### **REMINDER:** >

- If you responded "Yes" to SECTION 2, Items c or d, you must complete an "HSP Good Faith Effort Method A (Attachment A)" for each of the subcontracting opportunities you listed in SECTION 2, Item b.
- If you responded "No" SECTION 2, Items c and d, you must complete an "HSP Good Faith Effort Method B (Attachment B)" for each of the subcontracting opportunities you listed in SECTION 2, Item b.

Enter your company's name here:	Grant Thornton LLP	Requisition #:	DIR-SDD-TMP-197				
MPORTANT: If you responded "Yes" to SECTION 2, Items c or d of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method A Attachment A)" for each of the subcontracting opportunities you listed in SECTION 2, Item b of the completed HSP form. You may photo-copy this page or download the form at http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-A.doc							
SECTION A-1 SUBCONTRACTING OPPORTUNIT	SECTION A-1 Subcontracting Opportunity						
Enter the item number and description of the subcont this attachment.	tracting opportunity you listed in SECTION 2, Ite	m b, of the completed HSP form	for which you are completing				

#### SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
No Qualified Responses	☐ - Yes ☐ - No		TBD	25%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%

Enter your comp	pany's name her	Grant Thornton LLP	Requisition #:	DIR-SDD-TMP-197				
(Attachment A)" for	MPORTANT: If you responded "Yes" to SECTION 2, Items c or d of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method A Attachment A)" for each of the subcontracting opportunities you listed in SECTION 2, Item b of the completed HSP form. You may photo-copy this page or ownload the form at http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-A.doc							
SECTION A-1	SUBCONTRACTING	OPPORTUNITY						
Enter the item numb this attachment.	per and description	of the subcontracting opportunity you listed in SECTION 2, Item b, of	the completed HSP forn	n for which you are completing				
Item #:2	Description:	Enterprise Resource Planning						

#### SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
Avende	⊠ - Yes □ - No	1203155309700	TBD	25%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%

Enter your company's name here:	Grant Moniton LEP	Requisition #:					
MPORTANT: If you responded "Yes" to SECTION 2, Items c or d of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method A Attachment A)" for each of the subcontracting opportunities you listed in SECTION 2, Item b of the completed HSP form. You may photo-copy this page or download the form at http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-A.doc							
SECTION A-1 SUBCONTRACTING OPPORTUN	NITY						
Enter the item number and description of the subcribis attachment.	ontracting opportunity you listed in SECTION 2,	Item b, of the completed HSP for	m for which you are completing				
Item #: Description: Project Mar	nagement						

#### SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
Avende	⊠ - Yes □ - No	1203155309700	TBD	25%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	🗌 - Yes 🔲 - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	🗌 - Yes 🔲 - No		\$	%
	🗌 - Yes 🔲 - No		\$	%
	🗌 - Yes 🔲 - No		\$	%
	🗌 - Yes 🔲 - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	🗌 - Yes 🔲 - No		\$	%

Enter your company's name here:	Grant Thornton LLP	Requisition #:	DIR-SDD-TMP-197
(Attachment A)" for each of the subcontracting or	N 2, Items c or d of the completed HSP form, you must supportunities you listed in SECTION 2, Item b of the concus/procurement/prog/hub/hub-forms/HUBSubcontraction	npleted HSP form. You	may photo-copy this page or
SECTION A-1 SUBCONTRACTING OPPORTUN	ITY		
Enter the item number and description of the subcothis attachment.	ontracting opportunity you listed in SECTION 2, Item b, of	the completed HSP form	n for which you are completing
Item #: 4 Description: Tech Upgrad	de/Migration & Transformation		

#### SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
Avende	⊠ - Yes □ - No	1203155309700	TBD	25%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%

Enter your company's name nere:	Grant moniton LLF	Requisition #:	
(Attachment A)" for each of the subcontract	ECTION 2, Items c or d of the completed HSP form, you reting opportunities you listed in SECTION 2, Item b of the ate.tx.us/procurement/prog/hub/hub-forms/HUBSubcont	e completed HSP form. You	may photo-copy this page or
SECTION A-1 SUBCONTRACTING OPP	ORTUNITY		
Enter the item number and description of the this attachment.	e subcontracting opportunity you listed in SECTION 2, Item	b, of the completed HSP forr	n for which you are completing
Item #: Description: _IT Ass	essments & Planning		

#### SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
No Qualified Responses	☐ - Yes ☐ - No		TBD	25%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%

Enter your company's name here:	Grant Thornton LLP	Requisition #:	DIR-SDD-TMP-197
<b>IMPORTANT:</b> If you responded " <b>Yes</b> " to <b>SECTION 2</b> (Attachment A)" for <u>each</u> of the subcontracting oppodownload the form at <i>http://www.window.state.tx.us/</i>	ortunities you listed in SECTION 2, Item b	of the completed HSP form. You	may photo-copy this page or
SECTION A-1 SUBCONTRACTING OPPORTUNITY	′		
Enter the item number and description of the subcontribution attachment.	racting opportunity you listed in SECTION 2, I	tem b, of the completed HSP form	n for which you are completing
Item #: 6 Description: Service Oriente	ed Architecture		

#### SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
No Qualified Responses	☐ - Yes ☐ - No		TBD	25%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%

Enter your company's name here:	Grant Thornton LLP	Requisition #:	DIR-SDD-TMP-197
<b>IMPORTANT:</b> If you responded "Yes" to SECTION (Attachment A)" for <u>each</u> of the subcontracting opp download the form at <a href="http://www.window.state.tx.us">http://www.window.state.tx.us</a>	ortunities you listed in SECTION 2, Item b of the	completed HSP form. You	may photo-copy this page or
SECTION A-1 SUBCONTRACTING OPPORTUNIT	Y		
Enter the item number and description of the subcont this attachment.	tracting opportunity you listed in SECTION 2, Item b	, of the completed HSP form	n for which you are completing
Item #: 7 Description: Independent \	/erification & Validation		

#### SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
No Qualified Responses	☐ - Yes ☐ - No		TBD	25%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	Yes No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%

	1
Enter your company's name here:	Requisition #:
	ompleted HSP form, you must submit a completed "HSP Good Faith Effort - Method B ECTION 2, Item b of the completed HSP form. You may photo-copy this page or hub-forms/HUBSubcontractingPlanAttachment-B.doc
SECTION B-1 SUBCONTRACTING OPPORTUNITY	
Enter the item number and description of the subcontracting opportunity you list this attachment.	ted in SECTION 2, Item b, of the completed HSP form for which you are completing
Item #: Description:	
SECTION B-2 MENTOR PROTÉGÉ PROGRAM	
	ogram, submitting its Protégé (Protégé must be a State of Texas certified HUB) as a constitutes a good faith effort to subcontract with a Texas certified HUB towards that
Check the appropriate box (Yes or No) that indicates whether you will be subcon	tracting the portion of work you listed in SECTION B-1 to your Protégé.
☐ - Yes (If Yes, to continue to SECTION B-4.)	
- No / Not Applicable (If No or Not Applicable, continue to SECTION	B-3 and SECTION B-4.)
SECTION B-3 NOTIFICATION OF SUBCONTRACTING OPPORTUNITY	
When completing this coation you MICT comply with items a b a and d there	by demonstrating your Cood Egith Effort of boying notified Toyog partified UIIDs and

When completing this section you <u>MUST</u> comply with items <u>a</u>, <u>b</u>, <u>c</u> and <u>d</u>, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs <u>and</u> minority or women trade organizations or development centers about the subcontracting opportunity you listed in SECTION B-1. Your notice should include the scope of work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. When sending notice of your subcontracting opportunity, you are encouraged to use the attached HUB Subcontracting Opportunity Notice form, which is also available online at <a href="http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/">http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/</a>

Retain supporting documentation (i.e., certified letter, fax, e-mail) demonstrating evidence of your good faith effort to notify the Texas certified HUBs <u>and</u> minority or women trade organizations or development centers. Also, be mindful that a working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs <u>and</u> to the minority or women trade organizations or development centers is considered to be "day zero" and does not count as one of the seven (7) working days.

- a. Provide written notification of the subcontracting opportunity you listed in SECTION B-1, to <a href="https://www.window.state.tx.us/procurement/cmbl/cmbl/hub.html">https://www.window.state.tx.us/procurement/cmbl/cmbl/hub.html</a>. Unless the contracting agency specified a different time period, you must allow the HUBs <a href="https://www.window.state.tx.us/procurement/cmbl/cmbl/hub.html">https://www.window.state.tx.us/procurement/cmbl/cmbl/hub.html</a>. HUB Status code "A" signifies that the company is a Texas certified HUB.
- b. List the <a href="text-align: certain style="text-align: certain;">the three (3)</a> Texas certified HUBs you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the company's Vendor ID (VID) number, the date you sent notice to that company, and indicate whether it was responsive or non-responsive to your subcontracting opportunity notice.

Company Name	VID#	Date Notice Sent (mm/dd/yyyy)	Did the HUB Respond?
			☐ - Yes ☐ - No
			☐ - Yes ☐ - No
			☐ - Yes ☐ - No

- c. Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to two (2) or more minority or women trade organizations or development centers in Texas to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified a different time period, you must provide your subcontracting opportunity notice to minority or women trade organizations or development centers at least seven (7) working days prior to submitting your bid response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notices of subcontracting opportunities is available on the Statewide HUB Program's webpage at http://www.window.state.tx.us/procurement/prog/hub/mwb-links-1/
- d. List two (2) minority or women trade organizations or development centers you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the date when you sent notice to it and indicate if it accepted or rejected your notice.

Minority/Women Trade Organizations or Development Centers	Date Notice Sent (mm/dd/yyyy)	Was the Notice Accepted?
		☐ - Yes ☐ - No
		☐ - Yes ☐ - No

## HSP Good Faith Effort - Method B (Attachment B) cont.

Enter your company's name here:		Requisition #:		
SECTION D. A. Guinney St. Torrow				
SECTION B-4 SUBCONTRACTOR SELECTION				
a. Enter the item number and description of the subcontracting opportur	nity for which you are comple	eting this Attachmen	t B continuation pag	ge.
Item #: Description:				
b. List the subcontractor(s) you selected to perform the subcontracting HUB and their VID number, the approximate dollar value of the work whether the company is a Texas certified HUB.	opportunity you listed in <b>S</b> to be subcontracted, the e	ECTION B-1. Also expected percentage	identify whether the of work to be subo	ey are a Texas certified contracted, and indicate
Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	🗌 - Yes 🔲 - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	☐ - Yes ☐ - No		\$	%
	🗌 - Yes 🔲 - No		\$	%
	☐ - Yes ☐ - No		\$	%
c. If any of the subcontractors you have selected to perform the subcon justification for your selection process (attach additional page if necessary)		ed in SECTION B-1 i	s <u>not</u> a Texas certif	îed HUB, provide <u>writter</u>

# **HUB Subcontracting Opportunity Notification Form**

In accordance with Texas Gov't Code, Chapter 2161, each state agency that considers entering into a contract with an expected value of \$100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract. The state agency I have identified below in **Section B** has determined that subcontracting opportunities are probable under the requisition to which my company will be responding.

34 Texas Administrative Code, §20.14 requires all respondents (prime contractors) bidding on the contract to provide notice of each of their subcontracting opportunities to at least <a href="https://exas.certified-HUBs">https://exas.certified-HUBs</a> (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs <a href="https://exas.certified-HUBs">https://exas.certified-HUBs</a> (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs <a href="https://exas.certified-HUBs">https://exas.certified-HUBs</a> (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs <a href="https://exas.certified-HUBs">https://exas.certified-HUBs</a> (who work within the respective industry applicable to the subcontracting agency. In addition, the respondent must provide notice of each of its subcontracting opportunities to minority/women trade organizations or development centers <a href="https://exas.certified-HUBs">https://exas.certified-HUBs</a> (who work within the respective industry applicable to the subcontracting agency. In addition, the respondent must provide notice of each of its subcontracting opportunities to minority/women trade organizations or development centers <a href="https://exas.certified-HUBs">https://exas.certified-HUBs</a> (who work within the respondent submitting its bid response to the contracting agency. In addition, the respondent must provide notice of each of its subcontracting opportunities to minority/women trade organizations or development centers <a href="https://exas.certified-HUBs">https://exas.certified-HUBs</a> (who work within the respondent submitting its bid response to the contracting agency.

We respectfully request that vendors interested in bidding on the subcontracting opportunity identified in **Section C** reply no later than the date and time identified in **Section C**, **Item 1**. Submit your response to the point-of-contact referenced in **Section A**.

Section A	PRIME CONTRACTOR'S INFORMATION			
Company Name:		State of Texas VID #:		
Point-of-Contact:		Phone #:		
E-mail Address:		Fax #:		
Section B	CONTRACTING STATE AGENCY AND REQUISITION INFORMATION			
Agency Name:				
Point-of-Contact:		Phone #:		
Requisition #:		Bid Open Date:		
Section C	SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQU	IREMENTS AND RELATED INFO	RMATION	
	Our firm must receive your bid response to this subco	ntracting opportunit	y no later	
1.	than 5:00 P.M., Central Daylight Standard Time on:			
Potential Subcontractor's Bid Response Due Date:	(Note: In accordance with 34 TAC §20.14, each notice of subcontracting opportunity shall be provided to <u>at least three (3)</u> Texas certified HUBs, and allow the HUBs <u>at least seven (7) working days</u> to respond to the notice prior to submitting our bid response to the contracting agency. In addition, we must provide the same notice to minority/women trade organizations or development centers <u>at least seven (7) working days</u> prior to submitting our bid response to the contracting agency.)			
2. Scope of Work:				
3.  Required  Qualifications:  ☐ - Not Applicable				
4. Bonding/Insurance Requirements:  - Not Applicable				
5.  Location to review plans/specifications:   - Not Applicable				